

Instructions for Completing Form 108-B

Start by completing all areas at the top of the form, including the license number, if applicable. Child care includes pre-k and preschool.

PRINT or TYPE the name or ID number of each child.

Record the BIRTHDATE of each child.

DTaP/DTP/DT and POLIO: Place an "X" in the appropriate box to indicate the number of doses the child has received and record the date of the last dose. Example: If child has 3 doses, place an "X" in the "3" column.

HEP A: Place an "X" in the column for the number of doses given and record the date of the last dose. Required in Maricopa County only.

HEP B: Put an "X" in the column for the number of doses given and record date of last dose.

VARICELLA: Record the date the dose was given OR put "X" in the box if child has had chicken pox.

EXEMPTIONS: Put an "X" in the appropriate box only if a valid exemption form is on file for the child. Religious exemptions require the signature of the parent/guardian. Exemptions for medical reasons or laboratory evidence of immunity must include a physician's signed statement and signature.

List a contact person and phone/fax numbers we can use for questions/follow up.

Use a separate form for each age group.
0-17 month olds = children born on or after 4/01/05.
18-60 month olds = children born 10/1/01 through 3/31/05.

DO NOT include children born before 10/01/01. List all children born 10/1/01 or later, including those without an immunization record.

MMR: Record exact date of each dose given. Only one dose on or after the 1st birthday is required. Any dose given before the 1st birthday does not count.

HIB: Place an "X" in the column that indicates the number of doses received. Record date of last dose received. A booster dose on or after the 1st birthday is required.

Example of Form 108-B Completed for 18-60 month olds

CHILD or I.D.	Birth Date	DTaP/DTP/DT					Polio				MMR		Hib					Hepatitis A			Hepatitis B				Varicella		Exemptions			
		1	2	3	4+	Date Last Dose Received	1	2	3+	Date Last Dose Received	Date 1st Dose Received	Date 2nd Dose Received	1	2	3	4	Date Last Dose Received	1	2	Date Last Dose Received	1	2	3	Date Last Dose Received	Date 1 st Dose Received	Put "X" here if child has history of chicken pox	Religious	Medical	Lab Evidence	
1. Christopher Begay	2-5-03				X	5-27-04			X	8-7-03	2-10-04				X		5-27-04						X	2-10-04	2-10-04					
2. Noah Finn	3- 27-02				X	7-1-03			X	4-6-03	4-6-03	5-1-06				X		7-1-03						X	4-6-03		X			
3. Allison Lawrence	10-29-02				X	2-2-04			X	10-30-03	10-30-03					X	2-2-04		X	6-10-05			X	5-15-03	10-30-03					

- STOP! Before mailing this form, have you:
- 1. Read and followed all directions?
 - 2. Provided the correct birth date for each child?
 - 3. Placed 0-17 month olds and 18-60 month olds on separate pages?
 - 4. Counted totals and recorded them on form 108?
 - 5. Kept the yellow copy for your files?

Mail Form 108B along with Form 108 (totals sheet) by November 15, 2006 to:

Maricopa County Dept of Public Health
Community Health Nursing
Assessment Program Coordinator
4041 N. Central, Suite 600
Phoenix, AZ 85012